



USAID
FROM THE AMERICAN PEOPLE



IMPLEMENTING PARTNER NAME	PATHFINDER INTERNATIONAL
IMPLEMENTING MECHANISM NAME:	HEALTHY FAMILIES II /MUIJI WA DISANZE II
IMPLEMENTING MECHANISM NUMBER:	AID-654-A-13- 00001
QUARTERLY REPORT PERIOD:	January 1, 2015 – March 31, 2015
DATE OF SUBMISSION:	April 30, 2015
PRODUCED BY:	PATHFINDER INTERNATIONAL
USAID AOR/ACTIVITY MANAGER:	GISELE GUIMARAES

Pathfinder International

Rua Kwame Nkrumah No. 106
Maianga, Luanda, Angola

EXECUTIVE SUMMARY

Pathfinder continues its advocacy efforts to further adolescent and youth sexual and reproductive health (AYSRH) and contraceptive commodity security in Angola.

In close coordination with UNICEF and UNFPA, we are responding to official requests from DNSP for technical assistance and support for the design of the National Adolescent Health Strategy.

Pathfinder organized a workshop on AYSRH for key stakeholders in this area. The workshop was carried out over three days (March 24-26), facilitated by a visiting Pathfinder AYSRH technical advisor. A total of 28 professionals participated, representing DNSP, the Bureau of Public Health of Luanda (GPSL),¹ USAID, UNICEF, UNFPA, CAJ,² and ANGOBEFA.³ Discussions highlighted the need to meet the sexual and reproductive health (SRH) needs of adolescents and youth as a priority group, and identified specific ways in which topics introduced and analyzed during the workshop can be used in the participant group's work (e.g., CAJ will utilize learnings from the workshop during the preparation of their new 5-year strategic plan). A key outcome was the commitment by participants to identify and pursue ways in which each organization can make their voice heard during the process to prepare the National Adolescent Health Strategy.

During this quarter, Pathfinder prepared a situational analysis, *"Sustainable Financing for Procurement of Contraceptives in Angola,"* which is being submitted with this quarterly report (Annex 10). The document looks at sources of financing currently being used to purchase the contraceptives for Angola and compares this to other countries in Africa and elsewhere that are contributing more to their own contraceptive needs. Most of these other countries have smaller GDPs than Angola and have much larger national contraceptive needs. The situational analysis makes the point that the funds required annually to purchase all the contraceptives that will be needed in Angola through 2017 are well within the approximately US\$6 million allocated for reproductive health and birth spacing in the 2014 Angola national budget.

Pathfinder continues providing technical assistance and support to DNSP for management of the supply chain of contraceptives, in response to requests from the head of the Department of Reproductive Health.

Effective technical assistance and support to GPSL continues to produce results: Luanda is the only province that prepares its own contraceptive needs forecasts and distribution plans. There have been no reports of stockouts of contraceptives in Luanda province since late 2013, when Pathfinder began working directly with GPSL.

¹ Gabinete (bureau) Provincial de Saúde Pública de Luanda, formerly a Directorate (DPSL).

² Centro de Apoio aos Jovens, a local NGO with a long history of working with youth in Angola.

³ Associação Angolana para o Bem Estar da Família Angolana, local NGO affiliated to IPPF.

INTRODUCTION

This report reflects Healthy Families II project activities conducted during the months of January, February, and March of 2015. The activities reported were implemented by Pathfinder staff with USAID support in partnership with the DNSP, the Bureau of Public Health of Luanda (GPSL), the Directorate of Medical Procurements (CECOMA), UNICEF, and UNFPA. It reflects accomplishments in alignment with project objectives submitted in the Year 2 Work Plan of this project. The focus of the project is to continuously promote and strengthen an enabling environment for family planning (FP) as a national health priority in Angola. Project activities under the Cooperative Agreement have two objectives:

- 1) To support the Ministry of Health (MOH) to implement evidence-based FP best practices.
- 2) To support the MOH to strengthen its capacity in contraceptive security and commodity management at the Central level (DNSP) and in Luanda province (GPSL).

Pathfinder's collaboration with public and private stakeholders in the above areas raises increased attention and support to advance FP as a national strategic priority. Pathfinder also advocates for a systems-strengthening approach as a cost-effective and sustainable way to increase availability and improve quality of FP services in Angola.

Pathfinder advises DNSP leadership of the need to address the sexual and reproductive health (SRH) needs of adolescents and youth, particularly interventions to reduce the extremely high rates of pregnancy among adolescents. Pathfinder advocates and supports the design of contextually feasible and sustainable approaches to reduce maternal and neonatal morbidity and mortality in the country. Pathfinder specifically advocates for the preparation of policies and strategies that include youth-friendly approaches, capacity building in adolescent and youth sexual and reproductive health (AYSRH), and setting up quality, sustainable youth-friendly FP services in urban and rural settings throughout the country.

PLANNED ACTIVITIES AND RESULTS

A. Technical and Managerial Inputs

The Angola-based project staff receives ongoing support from Pathfinder Headquarters, including technical guidance from the Technical Services Unit (TSU); program management, technical monitoring, and program systems support from the Country Management Team (CMT) and Programs Systems Unit (PSU); monitoring and evaluation (M&E) support from the Research and Metrics Unit (RMU); and financial monitoring and contracts support from the Finance Department.

Starting in March 2015, Pathfinder hired Ms. Nelly Musao Wampiana as logistics assistant. Ms. Wampiana's key responsibilities include participating in capacity building activities for technical staff of GPSL and Luanda municipalities, particularly follow-up visits at the municipality and service delivery point (SDP) level to reinforce what is covered during training workshops and provide support so health workers can put their new skills into practice. She will also have a limited role in providing support to DNSP. (See Annex 2 for Ms. Wampiana's CV.)

During the period of January 28th through February 4th, the Angola office received the visit of Ms. Susan White, Pathfinder International Program Director. Ms. White worked with the Country Representative (CR) and the Sr. Logistics Advisor to review the current workplan and discuss the most effective ways to further the goals outlined in the plan. She and the CR met with the Director of Child Survival and Development of UNICEF, Dr. Samson Agbo, to discuss and plan joint advocacy and support to DNSP to further improvements in AYSRH services and information. Ms. White

participated in a meeting of DNSP Department of Reproductive Health (RH) with all partners to discuss DNSP/RH's proposed workplan for 2015. Ms. White and the CR also met with representatives of other key stakeholders, including GPSL, SASH/Jhpiego, and SIAPS/MSH.

The meeting with GPSL included provincial heads of Reproductive Health (Dr. Afra João), HIV (Dr. Marcelina de Menezes), and Child Health (Dr. Filomena Pinheiro). GPSL representatives pointed out the significant improvements in their capacity to monitor and plan work in their respective areas, stemming from Pathfinder's capacity building and technical assistance (TA) in the area of management information systems (MIS). Dr. João also emphasized that SDPs throughout the province now can count on a steady supply of contraceptives.

B. Monitoring and Evaluation

Pathfinder continues to monitor indicators under each output as specified in the Project Monitoring Plan in order to assess progress towards targets. We continue to assess the broader impact of the Healthy Families II project by engaging with key stakeholders developing the National Adolescent Health Strategy.

C. Collaboration and Support of MOH Priorities

Pathfinder supports DNSP, functioning as a resource for TA on strategic, programmatic, and technical issues related to FP/RH. Pathfinder emphasizes the need to meet the SRH needs of adolescents and youth as a priority health issue and as a key approach for socioeconomic development in Angola. Pathfinder also provides TA and support for contraceptive security. Pathfinder's approach to TA places a strong emphasis on strategic planning and systems strengthening, including preparation for the design of a policy for SRH of adolescents, the appropriate utilization of the national logistics management information system (LMIS), and improvement on the management of the supply chain of contraceptive commodities, as a way to enhance FP programming sustainability.

Pathfinder also supports GPSL in the area of contraceptive security, providing TA with the aim of avoiding stockouts of contraceptives at all levels within Luanda province. The 2010 IBEP survey (for which data was collected in 2008-09) already showed higher use in Luanda than in the rest of the country,⁴ and more recent data suggests that use of FP has increased even more in Luanda province.⁵ The upcoming DHS survey (scheduled for later in 2015) is expected to confirm this and highlight the importance of ensuring contraceptive security for Luanda province to maintain this upward trend.

Work Plan of Specific Outputs for the Reporting Period January – March 2015

IR 1: Increased commitment of stakeholders for the design and implementation of youth-friendly policies, strategies and programs

Output 1.1: Workshop for key stakeholders in AYSRH

Pathfinder continues coordinating its activities with other stakeholders working in AYSRH. The collaboration between Pathfinder and the United Nations agencies has been particularly productive. We are closely coordinating with UNICEF and UNFPA, informing them of our activities, and they in turn advocate to and support DNSP to maximize synergies between our organizations.

⁴ National CPR of 12.8%, vs. 24.4% in Luanda province.

⁵ TRAC Survey conducted by PSI in Luanda in 2013 showed a CPR of 59% for the province.

A core element of Pathfinder's TA was the implementation of a workshop on AYSRH for key stakeholders, which took place March 24-26th. See full report of the workshop (Annex 3), Executive Summary Workshop Report (Annexes 4 and 5), and list of workshop invitees and participants (Annex 6).

Objectives of the workshop included:

- Reaching a common understanding on what the scope of AYSRH is;
- Gathering and discussing inputs from public and private stakeholders on the key issues affecting the SRH of Angolan adolescents;
- Identifying priority SRH needs of Angolan adolescents; and
- Reaching a common understanding on evidence-based, effective, and sustainable approaches to meet these needs.

The workshop was facilitated by Ms. Carla Silveira, a visiting Pathfinder technical advisor in AYSRH who was the Project Director for Geração Biz, a UNFPA-funded AYSRH project implemented by Pathfinder in Mozambique, regarded by UNFPA as one of its best AYSRH projects in the world.

A total of 28 health and development professionals participated in the workshop over three days, representing DNSP, GPSL, USAID, UNICEF, UNFPA, Associação Angolana para o Bem Estar da Família Angolana (ANGOBEFA, NGO affiliated to IPPF), and Centro de Apoio aos Jovens (CAJ, a youth-focused NGO).

Topics presented and discussed during the three days included health promotion, vulnerabilities, and risks particularly affecting adolescents and youth; other discussions covered the local cultural and epidemiological contexts in which Angolan adolescents live, and the current responses of the health sector. Workshop participants identified specific strengths and opportunities that can help stakeholder organizations further the health of adolescents.

The detailed workshop report will be shared with representatives of the participant organizations for comments and suggestions. The final report will be distributed to each of the participants to use in their discussions and preparation of next steps. A key output was a commitment from all present to identify and pursue ways in which each of their respective organizations can ensure that their voices are heard during the process to design the National Adolescent Health Strategy.

Next steps after the workshop include:

- A follow-up workshop to further the NGOs' advocacy capacities, to be facilitated by Pathfinder; participating NGOs will include ANGOBEFA and CAJ (see 1.2 below).
- Pathfinder TA and support to DNSP for the preparation of the National Adolescent Health Strategy.
- Follow-up with GPSL for dissemination and discussion of AYSRH concepts with key program and technical staff from provincial headquarters and municipalities.

Output 1.2: Advocacy workshop for civil society organizations (ANGOBEFA and CAJ)

Pathfinder has identified two civil society organizations that have significant experience and commitment in the area of AYSRH, CAJ and ANGOBEFA. These organizations are sufficiently independent to advocate to the government for inclusion of AYSRH priorities in the National Adolescent Health Strategy and, later on, to advocate for implementation of activities related to these priorities. Both have worked for many years in AYSRH and have experience implementing technically sound projects. Representatives from CAJ and ANGOBEFA made significant contributions during the recent AYSRH workshop.

Pathfinder has invited ANGOBEFA and CAJ to participate in a joint advocacy workshop that will build upon the AYSRH workshop and which will take place during the next quarter. The main goals of this workshop are to strengthen the NGOs institutional capacity to design and conduct advocacy activities and to facilitate preparation of AYSRH advocacy plans for each NGO.

IR 2. Increased commitment of MOH decision makers to prioritize the use of best practices for contraceptive security

Pathfinder advocates and provides TA to DNSP and GPSL to facilitate implementation of best practices in the management of the supply chain of contraceptive commodities. Pathfinder provides TA on contraceptive commodity security at the central level to DNSP, with an emphasis on sustainability, building upon improvements achieved in the past three years. Pathfinder also provides TA to GPSL to improve management of the supply chain of contraceptives within Luanda province, with an emphasis on local capacity building and systems strengthening.

Output 2.1 Capacity building, monitoring visits, and meetings with DNSP staff to support implementation of logistics and LMIS best practices

Pathfinder continues to advocate and provide technical information and guidance to DNSP to strengthen the logistics/supply chain management and MIS systems. Dr. Henda Vasconcelos, acting head of RH, is still relatively new in this position. Pathfinder is taking advantage of this to renew advocacy for the adoption of practices such as advanced planning and utilization of data for decision making. Dr. Vasconcelos is receptive to these notions. We are encouraging her to further this agenda and advocate to her staff to follow her lead on this issue.

Starting in late 2013, as the results of capacity building to DNSP/RH began yielding results, we began a process of gradually diminishing the level of TA to DNSP. This allowed DNSP to take over more of their MIS and logistics responsibilities, and allowed Pathfinder to invest more time and resources in TA to GPSL. However, Pathfinder continues to note to DNSP leadership the need to hire and train more staff to take over logistics and MIS responsibilities. There are very few people working in RH, of which only one (Ms. Gabriela Xavier) is charged with logistics and MIS tasks, in addition to other duties.

Unfortunately, Ms. Xavier recently fell ill, and this has created an enormous void in the central management of contraceptives, as well as in processing of all RH MIS data at the central level. In response to a request from DNSP, Pathfinder is addressing this situation by providing additional support to DNSP in two ways: temporarily assisting with processing of some data and contraceptive supply management, and offering to train other members of DNSP/RH staff in order for them to begin taking over logistics and MIS duties as soon as possible. DNSP has accepted our immediate support for MIS and contraceptive logistics; we are still waiting for an answer regarding training additional staff.

Another member of DNSP staff involved with logistics of contraceptives, Mr. Estevão Chilala, has reached retirement age and announced his intention to step down. Pathfinder has emphasized the importance of this position and encouraged DNSP to hire Mr. Chilala's replacement as soon as possible. We have offered to train the staff that will be hired to substitute him.

Pathfinder is taking advantage of these unfortunate circumstances to emphasize to DNSP that the current personnel structure is inadequate to absorb any increases in FP coverage or use. Simultaneously, Pathfinder has temporarily undertaken specific tasks to ensure that the flow of contraceptives at the central level does not come to a stop:

- Intense follow-up to receive approval of the national distribution plan for the first semester of 2015 (completed in early December 2014) by the Director of DNSP, and to then forward the plan to CECOMA for shipment of contraceptives to the provinces. The distribution plan was signed and approved the last week of March; Pathfinder delivered it to the CECOMA warehouse the same day and is following up with CECOMA managers to avoid further delays in the shipments to the provinces.
- Follow-up with provincial directorates to request overdue monthly reports, which include quantities of contraceptives consumed in each province and are the basis for preparation of procurement and distribution plans; follow-up with the head of DNSP/RH to leverage DNSP's influence to secure these monthly reports.
- Processing of available data on provincial consumption of contraceptives; we have also processed some data on antenatal care, births, and maternal deaths.

Output 2.2 Capacity building workshop on LMIS and contraceptive supply chain management for staff of GPS Luanda

In the second year of working directly with Luanda province, Pathfinder has extended the reach of the technical assistance in the area of contraceptive logistics and MIS. We are now engaging and building the capacity of technical staff from the municipalities and from key SDPs throughout the province. Technical and program staff from provincial headquarters who have been receiving technical guidance since 2014 are playing key roles in building the capacity of their colleagues.

Pathfinder organized three capacity building workshops for health workers (service providers, supervisors, and municipal point persons) from three municipalities in Luanda province: Viana (28 participants), Belas (24 participants), and Kilamba Kiayi (27 participants). The workshops were facilitated by staff from GPSL, Pathfinder (including our new logistics assistant), and SASH.⁶

The main goals of the workshops were to build workers' skills in MIS and improve coordination between the municipalities and provincial headquarters for the collection and submission of reports. Topics covered during each of the workshops included processing data for the monthly report and actual preparation of the report.

Output 2.3 Capacity building follow-up, monitoring visits, and meetings with GPS Luanda staff to support implementation of LMIS and logistics best practices

A key component of Pathfinder's systems strengthening is to provide to government health workers the necessary follow-up reinforcement and support after training activities to facilitate actual utilization of new knowledge and skills. An important part of this approach is sensitization to department heads and managers of the benefits –and need – of this reinforcement, particularly for more operational-level staff.

Pathfinder facilitated parts of the GPSL quarterly⁷ meeting of all technical staff. Some 73 GPSL staff attended, including point persons charged with reproductive health, family planning, and antenatal care, from all seven municipalities in the province and the five districts of Luanda city. Program staff from provincial headquarters also participated. The focus of Pathfinder's session during this one-day meeting was to reinforce best practices for processing MIS data collected at the SDP, and preparation of monthly reports that must be submitted to provincial headquarters. Other points emphasized included the need to submit reports on time so that provincial logisticians are aware of stock levels in the municipalities and can intervene early if necessary.

⁶ Pathfinder and SASH have been coordinating and joining efforts in Luanda province since 2013.

⁷ Meetings used to be held monthly.

We organized and facilitated three information sessions with technical staff from the provincial warehouse, to improve management of contraceptives and commodities in general at the warehouse, and documentation and reporting of in/out movements of contraceptives. Key points reinforced during these sessions included pointers on how to complete stock cards and how to use this and other data for preparation of reports.

Output 2.4 National forecast of contraceptive needs

The forecast of contraceptive needs for Angola during calendar 2015 (Annex 7) was finalized in late December 2014 and was approved by the Director of DNSP in January 2015.

Pathfinder continues to advise on the urgency of coordinating between DNSP, CECOMA, USAID, UNFPA, and SIAPS/MSH to discuss the anticipated need of contraceptives for calendar 2015 and negotiate who is going to buy what. DNSP will call a meeting for this. This is part of the groundwork in preparation for USAID's phase-out from donations of contraceptives. No meetings or specific dates have been announced.

Output 2.5 Contraceptive distribution plans from central level to the 18 provinces

The national contraceptive distribution plan for the first six months of calendar year 2015 was prepared in December 2014 and finalized in January 2015 by DNSP Department of RH with support from Pathfinder, using data received from the provinces. (See Annex 8.)

Because of the absence of the person in charge of logistics at DNSP, there were significant delays in the preparation of internal memorandums and other paperwork. Pathfinder had to intervene and do hands-on follow up to ensure the approval of the distribution plan and its submission to CECOMA. The plan was approved and CECOMA has begun the distribution of contraceptives to the provinces. Pathfinder took advantage of these difficulties to again point out the importance of having more DNSP people familiarized with these procedures and assigned to these responsibilities.

Output 2.6 Luanda province forecast of contraceptive needs

The provincial forecast of contraceptive needs for Luanda province for calendar year 2015 was prepared using data submitted by the municipalities, and submitted to DNSP as part of the request of contraceptives for the province. It will be adjusted at the end of the first six months to ensure figures keep up with the rising use of FP throughout the province.

Output 2.7 Luanda province quarterly contraceptive distribution plans to service delivery points (SDP) in Luanda municipalities

The quarterly contraceptive distribution plan for SDPs throughout Luanda province for the first three months of calendar year 2015 was the basis for shipments of contraceptives to all municipalities and districts throughout the province. Again, there are no reports of stockouts of contraceptives in Luanda province.

The distribution plan for April-June was finalized in March and has already been sent to the provincial warehouse. (See Annex 9, Quarterly Contraceptives Distribution Plan April-June 2015, Luanda province). GPSL statisticians, logistician, and RH managers are becoming increasingly proficient at preparing this plan correctly and in a timely manner. An important factor is that the quality of the data submitted by municipalities continues to improve, so there is significantly less need for inquiries and other follow-up.

IR 3. Increased commitment of MOH decision makers to allocate sufficient resources to reposition AYSRH and contraceptive security as national priorities

Output 3.1 AYSRH and contraceptive security documents shared with decision makers

Pathfinder continues sharing available data and other evidence to advocate for investments in AYSRH and in contraceptive security.

AYSRH:

All participants in the recent AYSRH workshop received copies of several manuals, including:

- Geração Biz Training Manual for Activists (Ethical Guidelines)
- Geração Biz Program Trainers' Manual (Methodological Guidelines)
- Geração Biz Program Trainers' Manual (Conceptual Guidelines)
- Diretrizes Nacionais para a Atenção Integral à Saúde do Adolescente e Jovem na Promoção, Proteção e Recuperação da Saúde. MOH Brazil, 2010
- Recomendações para a Atenção Integral a Adolescente e Joven Vivendo com HIV/AIDS. MOH Brazil, 2013.
- Diminuindo Diferenças: A Prática das Políticas Sobre Determinantes Sociais de Saúde.
- O Conceito de Saúde e a Vigilância Sanitaria: Notas para a Compreensão de um Conjunto Organizado de Práticas de Saúde.

Contraceptive security:

During this quarter, Pathfinder prepared a situational analysis on sustainable investments in contraceptive security in Angola. (See Annex 10, *Situation Analysis Sustainable Financing of Contraceptive Commodities in Angola*.)

The situational analysis discusses quantities of contraceptives bought by external donors (USAID, UNFPA) and by the government of Angola in the past three years, and the projected need of contraceptives for the next three years, in the context of the worldwide trend of countries increasingly using local resources to buy all or most of their contraceptives. The document points out that many of these countries, including several in Africa, have GNPs significantly smaller than Angola's, and the quantities of contraceptives they need are significantly larger than for Angola. The situational analysis also points out that the cost of the contraceptives through 2017 is well within the US\$6 million allocated in the 2014 national budget for reproductive health and pregnancy spacing, and recommends that the country assume a greater responsibility in financing its contraceptives.

Output 3.2 Multi-year forecast of national contraceptive needs

Pathfinder also continues advocating to DNSP for the preparation of multi-year forecasts of contraceptive needs (vs. the one-year forecasts that have been prepared since 2012). This will allow all stakeholders involved in contraceptive security (DNSP, CECOMA, UNFPA, USAID) to better plan future procurements and allocations. Pathfinder and SIAPS/MSH have offered DNSP the necessary technical assistance to prepare the multi-year forecast. Dates for formal meetings have yet to be announced by DNSP.

UPCOMING ACTIVITIES FOR YEAR 2 QUARTER 3 OF THE HEALTHY FAMILIES II PROJECT: APRIL – JUNE 2015

Key activities for the next quarter include:

1. Advocacy workshop for civil society organizations (ANGOBEFA and CAJ), as follow-up to the AYSRH workshop.
2. Participation (with DNSP, UNICEF, UNFPA, and WHO) in the process to design the Adolescent Health Strategy;
3. Visit by DNSP and GPSL representatives to AYSRH project in Ethiopia (June 2015).
4. Continue TA and guidance to DNSP on best practices in FP and contraceptive logistics. This includes support for the preparation of a multi-year forecast of national contraceptive needs.
5. Continue TA to GPSL in contraceptive logistics. This includes a capacity building workshop on LMIS and supply chain management, follow-up visits to municipalities, and support for finalization of the provincial forecast of contraceptive needs for 2015.

See Annex 11 for updates to the workplan.

Annexes:

1. Quarterly Federal Financial report SF-425
2. CV of Ms. Nelly Musao Wampiana, new logistics assistant
3. Full Report of AYSRH Workshop (Portuguese)
4. Executive Summary Report of the AYSRH Workshop (English)
5. Executive Summary Report of the AYSRH Workshop (Portuguese)
6. List of AYSRH Workshop Participants
7. National Forecast of Contraceptive Needs for 2015
8. Provincial distribution plan for first semester 2015.
9. Quarterly (April-June 2015) contraceptives distribution plan for Luanda province.
10. Situational Analysis: Sustainable Financing of Contraceptive Commodities in Angola
11. AO Healthy Families II Year 2 Workplan Updated 30 April 2015